



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

BALLOT QUESTION COMMITTEE  
COVER PAGE

06 JUN -2 PM 3:34 AMENDED

CARMELLA SASAUGH  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper

This Statement covers From: 11 9 04 To 12 31 04  
Mo Day Year Mo Day Year

1. Committee I.D. Number 137553	4. Committee's Mailing Address 26017 Ronald Roseville, MI 48066 586-777-5205
2. Committee Name EXCELLENCE IN EDUCATION	Area Code and Phone ( ) If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address  
CARMEL HART  
26017 RONALD  
ROSEVILLE, MI 48066 586-777-5205  
Area Code and Phone ( )

6. Treasurer's Business Address  Area Code and Phone ( )	7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)  Area Code and Phone ( )
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8. TYPE OF STATEMENT:	
8a. <input type="checkbox"/> PRE-ELECTION OR 8b. <input checked="" type="checkbox"/> POST-ELECTION	8c. <input checked="" type="checkbox"/> ANNUAL STATEMENT (04 Coverage Year) OR 8d. <input type="checkbox"/> QUALIFICATION OR <input type="checkbox"/> NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only)
Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL	8e. <input checked="" type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended) 8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution Month Day Year
Date of Election: 12 6 04 Month Day Year	Date of Qualification or Non- Qualification: Month Day Year

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.

If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper Carmel S. Hart  
Type or Print Name Signature Date 6/1/06  
Month Day Year



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**SUMMARY PAGE**  
**BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 137553  
2. Committee Name Excellence in Education

RECEIPTS		Column I This Period	Column II Cumulative for Election Cycle
3. Contributions			
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$	4,785.00	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$	4,785.00	(18.) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$	4,785.00	(20.) \$
<b>IN-KIND CONTRIBUTIONS</b>			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	4,086.46	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	4,086.46	(21.) \$
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$	4,086.46	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$		
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$		
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$		
e. Subtotal of Expenditures	(8e.) \$		(22.) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$		(23.) \$
10. TOTAL EXPENDITURES (Add Line 8a + Line 9)	(10.) \$	4,086.46	(24.) \$
<b>IN-KIND EXPENDITURES</b>			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$		(25.) \$
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 4E)	(12a.) \$		
b. Owed to the Committee (Schedule 4E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	0.00	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	4,785.00	
15. SUBTOTAL Add lines 13 and 14	(15.) =	4,785.00	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	4,086.46	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	698.54	



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Education is Excellence

Please enter contributors name and address. If contribution is from an individual, enter last name first name middle initial.

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #	4. Date of Receipt	5. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Roseville Principal Association</u>			
Address: <u>17855 Common Rd Roseville, MI 48066</u>		200.00	
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Miglio, Barbara</u>		15.00	
Address: <u>26729 Kaiser Rosville, MI 48066</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Young, Loretta</u>			
Address: <u>35728 Devereaux Clinton Twp MI 48035</u>		50.00	
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	4. Date of Receipt <u>12-2-04</u>		
Name: <u>JOHN KMENT</u>		100.00	
Address: <u>23061 PETERSBURG; EASTPOINTE, MI 48021</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
Page Subtotal		365.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)			



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name middle initial.

5. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1

4. Date of Receipt 11/24/04

Name: Roseville Federation of School Administrators

Address: 18975 Church Street Roseville, MI 48066

5. If over \$100.00 cumulative, please provide:

200.00

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

4. Date of Receipt 11/24/04

Name: Karen McGuire

Address: 11183 Bay Shore Court Clarkston, MI 48348

5. If over \$100.00 cumulative, please provide:

50.00

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

4. Date of Receipt 11/26/04

Name: Fire Extinguisher Sales and Service

Address: 31551 Groesbeck Fraser, MI 48026

5. If over \$100.00 cumulative, please provide:

50.00

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

4. Date of Receipt 11/24/04

Name: Wangrud, Ronald

Address: 53552 Oakview Shelby Twp, MI 48315

5. If over \$100.00 cumulative, please provide:

100.00

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal:

400.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

b. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #	4. Date of Receipt	b. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Greve, Ronald</u> Address: <u>48745 Valley Forge Macomb, MI 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Dinning and Greve</u> Business Address <u>25509 Kelly Rd Roseville MI 48066</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<u>11/29/04</u>	250.00	
3. Contribution # 2 Name: <u>Dinning, Douglas</u> Address: <u>3770 Lake Forest Drive Sterling Heights MI 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Dinning and Greve</u> Business Address <u>25509 Kelly Rd Roseville, MI 48066</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<u>11/29/04</u>	250.00	
3. Contribution # 3 Name: <u>Steenland, Joseph</u> Address: <u>31490 Kelly Rd Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<u>11/29/04</u>	50.00	
3. Contribution # 4 Name: <u>PTO Kaiser Elementary, Rosville Community Schools</u> Address: <u>16700 Wildwood Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<u>12/3/04</u>	250.00	
Page Subtotal)		800.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)			

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt <u>11/24/04</u> Name: <u>Comerica Bank (3354)</u> Address: <u>P.O. Box 75000 Detroit, MI 48275</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00		
3. Contribution # 2 4. Date of Receipt <u>12/7/04</u> Name: <u>Roseville Federation on Teachers Local 1071</u> Address: <u>17063 East 10 Mile Rd Eastpointe, MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1,000.00		
3. Contribution # 3 4. Date of Receipt <u>12/7/04</u> Name: <u>Kepler, Irene</u> Address: <u>27344 Leroy Street Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Social Worker</u> Employer <u>Roseville Community Schools</u> Business Address <u>18975 Church Street Roseville, MI 48066</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	150.00		
3. Contribution # 4 4. Date of Receipt <u>12/9/04</u> Name: <u>DeFelice, Lisa</u> Address: <u>15437 Curtis Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	70.00		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		1,320.00	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>12/9/04</u>		
Name: <u>J&amp;J Michigan Inc.</u> Address: <u>P.O. Box 680 Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		500.00	
3. Contribution # 2	4. Date of Receipt <u>12/9/04</u>		
Name: <u>Claseman, Judy</u> Address: <u>21717 Lakeshire St. Clair Shores, MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 3	4. Date of Receipt <u>12/20/04</u>		
Name: <u>PTO Dort Elementary - Roseville Community Schools</u> Address: <u>16225 Dort, Roseville MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 4	4. Date of Receipt <u>12/29/04</u>		
Name: <u>PTO RJHS - Roseville Community Schools</u> Address: <u>16250 Martin Rd. Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		650.00	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

131553

2. Committee Name

EXCELLENCE IN EDUCATION

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt 12-2-04		
Name: MICHAEL LA FEVE Address: 36610 25 MILE RD; NEW BALTIMORE, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	
3. Contribution # 2	4. Date of Receipt 12-1-04		
Name: KAREN McGUIRE Address: 11183 BAYSHORE CT; CLARKSTON, MI 48348 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 3	4. Date of Receipt 12-2-04		
Name: THERESA STRONG Address: 15150 KEPPEN; ALLEN PARK, MI 48101 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		15.00	
3. Contribution # 4	4. Date of Receipt 12-2-04		
Name: ROSEMARIE SMITH Address: 27521 BOHN; ROSEVILLE, MI 48066 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		15.00	
		180.00	
Page Subtotal)			
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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: IVANA PITRUZZELLO Address: 25535 ARLINGTON; ROSEVILLE MI 48066 4. Date of Receipt: 12-2-04 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	10.00		
3. Contribution # 2 Name: KATHY MARTZ Address: 26151 BARBARA; ROSEVILLE, MI 48066 4. Date of Receipt: 12-2-04 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	10.00		
3. Contribution # 3 Name: TOM LUTOSTANSKI Address: 36532 IDAHO DR; STERLING HILLS MI 48312 4. Date of Receipt: 12-1-04 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00		
3. Contribution # 4 Name: ANDREA GLYNN Address: 1125 O'CONNOR; MARYSVILLE, MI 48040 4. Date of Receipt: 12-1-04 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	120.00		

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

EXCELLENCE IN EDUCATION

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt 12-1-04		
Name: BETTY YEE Address: 1054 ANITA; GROSSE POINTE WOODS, MI 48236 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 2	4. Date of Receipt 12-6-04		
Name: CHARLES FELKER Address: 53850 MEADOWVIEW LANE; NEW BALTIMORE, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 3	4. Date of Receipt 12-6-04		
Name: MARTHA O'KRAY Address: 49849 HIDDEN VALLEY; MACOMB TWP, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		25.00	
3. Contribution # 4	4. Date of Receipt 12-6-04		
Name: CAROLE QUADROZZI Address: 56 BELLEVUE; MT CLEMENS, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		25.00	
Page Subtotal)		150.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)			



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

EXCELLENCE IN EDUCATION

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: JUDY CHASEMAN Address: 21717 LAKESHIRE, S. CHAIR SHORES, MI. 48081 4. Date of Receipt 12-1-04 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00		
3. Contribution # 2 Name: DAN SCHULTZ Address: 41225 WOODVIEW CT; CLINTON TWP, MI 48038 4. Date of Receipt 11-30-04 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00		
3. Contribution # 3 Name: WAYNE JOHNSON Address: 38358 KELMAR; CLINTON TWP, MI 48036 4. Date of Receipt 11-30-04 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00		
3. Contribution # 4 Name: CATHERINE Mc PHERSON Address: 1728 MANCHESTER; GRASSE POINTE WOODS, MI 48236 4. Date of Receipt 11-30-04 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	200.00		

Enter this total  
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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

EXCELLENCE IN EDUCATION

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: FAYE BUCCI Address: 48396 LAKE VALLEY; SHELBY TWP, MI 48317 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt 12-3-04	50.00	
3. Contribution # 2 Name: MARK BLASZKOWSKI Address: 14569 ROYAL; STERLING HGTS, MI 48312 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt 12-1-04	50.00	
3. Contribution # 3 Name: LAURIE KINCH Address: 22757 IRWIN RD; ARMADA, MI 48005 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt 12-1-04	50.00	
3. Contribution # 4 Name: PETER HESEMARK Address: 19937 WOODCREST; HARPER WOODS, MI 48225 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt 12-2-04	50.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		200.00	



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

EXCELLENCE IN EDUCATION

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>4. Date of Receipt <u>11-30-04</u></p> <p>Name: <u>SHARON HOLMES</u></p> <p>Address: <u>51734 INDIAN PTE. DR.; MACOMB, MI, 48042</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	50.00		
<p>3. Contribution # 2</p> <p>4. Date of Receipt <u>11-30-04</u></p> <p>Name: <u>DENNIS ALEXANDER</u></p> <p>Address: <u>25981 ACACIA; SOUTHFIELD, MI 48034</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	50.00		
<p>3. Contribution # 3</p> <p>4. Date of Receipt <u>12-1-04</u></p> <p>Name: <u>DAVID RICE</u></p> <p>Address: <u>32833 CAMBRIDGE; WARREN, MI 48093</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	50.00		
<p>3. Contribution # 4</p> <p>4. Date of Receipt <u>12-2-04</u></p> <p>Name: <u>PAUL SCHUMMER</u></p> <p>Address: <u>21601 WOODBRIDGE; ST CLAIR SHORES, MI 48080</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	50.00		
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		200.00	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

EXCELLENCE IN EDUCATION

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>4. Date of Receipt <u>12-1-04</u></p> <p>Name: <u>JEANNE PETERSEN</u></p> <p>Address: <u>5010 ROCKDALE CT; STERLING HGTS, MI 48310</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	50.00		
<p>3. Contribution # 2</p> <p>4. Date of Receipt <u>12-2-04</u></p> <p>Name: <u>DAN CROW</u></p> <p>Address: <u>11285 HANOVER DR; WARREN, MI 48093</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	50.00		
<p>3. Contribution # 3</p> <p>4. Date of Receipt <u>12-3-04</u></p> <p>Name: <u>MICHAEL ANTOINE</u></p> <p>Address: <u>12109 PARKSIDE CT; WASHINGTON, TWP, MI 48094</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	50.00		
<p>3. Contribution # 4</p> <p>4. Date of Receipt <u>12-6-04</u></p> <p>Name: <u>JON STEENLAND</u></p> <p>Address: <u>53039 BAYBERRY; MACOMB, MI 48042</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	50.00		
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		<p>200.00</p> <p>4,785.00</p>	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 4-IK  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553

2. Committee Name Excellence in Education

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name and Address: Rebecca Vasil c/o Roseville Community Schools 18975 Church St. Roseville, MI If over \$100.00 cumulative, please provide: 48066 Occupation Deputy Superintendent Employer Roseville Community Schools Business Address 18975 Church St, Roseville MI <input type="checkbox"/> Fund Raiser 48066	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>room rental</u> 5. DATE OF RECEIPT: <u>11/10/04</u> 6. VENDOR NAME & ADDRESS: Roseville Rec Center <u>18185 Sycamore, Roseville MI 48066</u>	\$20.00	\$20.00
Contribution #2 Name and Address: Rebecca Vasil see above If over \$100.00 cumulative, please provide: Occupation see above Employer Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>lapel pins</u> 5. DATE OF RECEIPT: <u>11/9/04</u> 6. VENDOR NAME & ADDRESS: The Education People Inc. <u>334 Underhill 4CD, Yorktown Hts NY 10598</u>	\$481.14	\$501.14
Contribution #3 Name and Address: Rebecca Vasil see above If over \$100.00 cumulative, please provide: Occupation Employer see above Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>room rental</u> 5. DATE OF RECEIPT: <u>11-9-04</u> 6. VENDOR NAME & ADDRESS: Roseville Rec Center <u>18185 Sycamore, Roseville MI 48066</u>	\$20.00	\$521.14

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\$521.14

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